*(stamp: DIPE APAD AUG 15 2006 PATENT & TRADEMARK OFFICE)*

**Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**

# FEE TRANSMITTAL
## For FY 2006

| Complete if Known | |
|---|---|
| Application Number | 10/695644-Conf. #4077 |
| Filing Date | October 29, 2003 |
| First Named Inventor | David S. GARVEY |
| Examiner Name | C. Aulakh |
| Art Unit | 1625 |
| Attorney Docket No. | 0102258.00133US2 |

[X] Applicant claims small entity status. See 37 CFR 1.27

| TOTAL AMOUNT OF PAYMENT | ($) 0.00 |
|---|---|

## METHOD OF PAYMENT (check all that apply)

[ ] Check  [ ] Credit Card  [ ] Money Order  [ ] None  [ ] Other (please identify): _____

[ ] Deposit Account  Deposit Account Number: 08-0219  Deposit Account Name: Wilmer Cutler Pickering Hale and Dorr LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

[ ] Charge fee(s) indicated below          [ ] Charge fee(s) indicated below, **except for the filing fee**

[X] Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17          [X] Credit any overpayments

## FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
|---|---|---|---|---|---|---|---|
| Application Type | Fee ($) | Small Entity Fee ($) | Fee ($) | Small Entity Fee ($) | Fee ($) | Small Entity Fee ($) | Fees Paid ($) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

### 2. EXCESS CLAIM FEES

| Fee Description | Fee ($) | Small Entity Fee ($) |
|---|---|---|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| Total Claims | Extra Claims | Fee ($) | Fee Paid ($) | | Multiple Dependent Claims | |
|---|---|---|---|---|---|---|
| HP = 108  - 20 = | _____ x | _____ = | _____ | | Fee ($) | Fee Paid ($) |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee ($) | Fee Paid ($) |
|---|---|---|---|
| HP = 6  - 3 = | _____ x | _____ = | _____ |

HP = highest number of independent claims paid for, if greater than 3.

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee ($) | Fee Paid ($) |
|---|---|---|---|---|
| _____ - 100 = | _____ /50 | _____ (round up to a whole number) x | _____ = | _____ |

### 4. OTHER FEE(S)

Fees Paid ($)

Non-English Specification, $130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

## SUBMITTED BY

| Signature | *Belinda Lew* | Registration No. (Attorney/Agent) | 53,212 | Telephone | (202) 663-6000 |
|---|---|---|---|---|---|
| Name (Print/Type) | Belinda Lew, Ph.D. | | | Date | August 15, 2006 |